



Update to the Model Admission Questions for Providers to Ask Medicare Beneficiaries

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Note: We revised this article to reflect an updated CR 11945. The CR revision added part of a sentence that had been left out of manual Section 20.2.2 of the Medicare Secondary Payer Manual, which is part of the CR. The correction of the CR had no impact on the substance of the article. In the article, we revised the CR release date, transmittal number, and the web address of the CR. All other information remains the same.

PROVIDER TYPES AFFECTED

This MLN Matters Article is for physicians, hospitals, and providers submitting claims to Medicare Administrative Contractors (MACs) for services provided to Medicare beneficiaries.

WHAT YOU NEED TO KNOW

This article informs you that the Centers for Medicare & Medicaid Services (CMS) is modifying and streamlining the model admission questions for providers to ask Medicare beneficiaries or authorized representatives upon admission or start of care. No other updates have been made to the hospital admissions or billing process.

BACKGROUND

Based on the law and regulations, providers, physicians, and other suppliers are required to file claims with Medicare using billing information obtained from the beneficiary to whom the item or service is furnished. Section 1862(b)(6) of the Social Security Act (the Act), (42 U.S. Code (USC) 1395y(b)(6)), requires all entities seeking payment for any item or service furnished under Part B to complete, on the basis of information obtained from the individual to whom the item or service is furnished, the portion of the claim form relating to the availability of other health insurance. Additionally, 42 Code of Federal Regulations (CFR) 489.20(g) requires that all providers must agree “to bill other primary payers before billing Medicare.”

Prior to submitting a bill for payment, providers must determine whether Medicare is a primary or secondary payer for each inpatient admission of a Medicare beneficiary and outpatient encounter with a Medicare beneficiary. Providers must accomplish this by asking the beneficiary about other insurance coverage. The model questionnaire in Chapter 3, Section 20.2.1 of the Medicare Secondary Payer Manual (Pub. 100-05) lists the type of questions that providers should ask Medicare beneficiaries for **every** admission, outpatient encounter, or start of care with exceptions provided. CMS recently re-reviewed the current list of Medicare questions in the manual and decided to update and streamline these questions due to national system changes,

provider outreach, and CMS provider training over the past several years.

The revised version of these questions, which replaces the MSP Admission's Questionnaire currently in the CMS manual, is found in the updated manual section at the end of CR 11945.

ADDITIONAL INFORMATION

The official instruction, CR 11945, issued to your MAC regarding this change is available at <https://www.cms.gov/files/document/r10359MSP.pdf>. See the list of revised questions in the revised manual section at the end of CR 11945.

If you have questions, your MACs may have more information. Find their website at <http://go.cms.gov/MAC-website-list>.

DOCUMENT HISTORY

Date of Change	Description
September 16, 2020	We revised this article to reflect an updated CR 11945. The CR revision added part of a sentence that had been left out of manual Section 20.2.2 of the Medicare Secondary Payer Manual, which is part of the CR. The correction of the CR had no impact on the substance of the article. In the article, we revised the CR release date, transmittal number, and the web address of the CR. All other information remains the same.
September 4, 2020	Initial article released.

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